

ISSUE SLIP STAPLE AREA (for additional cross references)

POS.	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		09-25-01
O.I.P.E. CLASSIFIER	MDN	50	10-04-01
FORMALITY REVIEW	Sc	JTS	10/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted-      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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92  
10/20/01